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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/898,726 (Pat. No.: 6,626,899)
Filing Date	July 3, 2001 (Issue Date: September 30, 2003)
First Named Inventor	Russell A. HOUSER
Art Unit	3739
Examiner Name	A. Farah
Attorney Docket Number	509192000220

Commissioner for Patents

To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

This request is being made at the request of the assignee, Nidus Medical.

CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
 2. Change the correspondence address and direct all future correspondence to:

The address associated with Customer Number:

OR

Firm or Individual Name **David A. Levine**

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Signature	<i>S. Levine</i>		
Name	E. Thomas Wheelock	Registration No.	28,825
Date	May 16, 2005	Telephone No.	(650) 813-5739

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: May 16, 2005

Signature: *Patricia M. Ellison* (Patricia M. Ellison)